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CONFIRMATION NO. 5337

<b>SERIAL NUMBER</b> 10/525,312	<b>FILING OR 371(c) DATE</b> 03/24/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> 4-32648A
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ok

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/09787 09/03/2003 which claims benefit of 60/408,000 09/04/2002 and claims benefit of 60/457,971 03/27/2003

ok

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

1095

**TITLE**

Treatment of neurological disorders by dsrna administration

<b>FILING FEE RECEIVED</b> 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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